

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the First Amended
Accusation Against:**

Young T. Tran, M.D.

**Physician's and Surgeon's
Certificate No. A 66589**

Case No.: 800-2018-051062

Respondent.

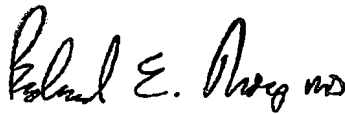
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on March 17, 2023.

IT IS SO ORDERED: February 17, 2023.

MEDICAL BOARD OF CALIFORNIA



**Richard E. Thorp, M.D., Chair
Panel B**

1 ROB BONTA
Attorney General of California
2 EDWARD KIM
Supervising Deputy Attorney General
3 JONATHAN NGUYEN
Deputy Attorney General
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Attorneys for Complainant
7

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the First Amended Accusation
Against:

13 **YOUNG T. TRAN, M.D.**
14 **11281 Loch Lomond Road**
Los Alamitos, CA 90720

15 **Physician's and Surgeon's Certificate**
16 **No. A 66589,**

17 Respondent.
18

Case No. 800-2018-051062

OAH No. 2022020682

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Jonathan Nguyen, Deputy
25 Attorney General.

26 2. Respondent Young T. Tran, M.D. (Respondent) is represented in this proceeding by
27 attorneys Kent Brandmeyer and Jeannette Van Horst, Esqs., whose address is: 385 E. Colorado
28 Blvd, Suite 200, Pasadena, CA 91101.

3. On or about September 25, 1998, the Board issued Physician's and Surgeon's Certificate No. A 66589 to Young T. Tran, M.D.. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2018-051062, and will expire on February 29, 2024, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2018-051062 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on July 27, 2022. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A copy of First Amended Accusation No. 800-2018-051062 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2018-051062. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2018-051062, if proven at a hearing, constitute cause for imposing discipline

1 upon his Physician's and Surgeon's Certificate.

2 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
3 or factual basis for the charges in the First Amended Accusation, and that Respondent hereby
4 gives up his right to contest those charges.

5 11. Respondent does not contest that, at an administrative hearing, complainant could
6 establish a prima facie case with respect to the charges and allegations in First Amended
7 Accusation No. 800-2018-051062, a true and correct copy of which is attached hereto as Exhibit
8 A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 66589 to
9 disciplinary action.

10 12. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
11 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
12 Disciplinary Order below.

13 **CONTINGENCY**

14 13. This stipulation shall be subject to approval by the Medical Board of California.
15 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
16 Board of California may communicate directly with the Board regarding this stipulation and
17 settlement, without notice to or participation by Respondent or his counsel. By signing the
18 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
19 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
20 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
21 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
22 action between the parties, and the Board shall not be disqualified from further action by having
23 considered this matter.

24 14. Respondent agrees that if he ever petitions for early termination or modification of
25 probation, or if an accusation and/or petition to revoke probation is filed against him before the
26 Board, all of the charges and allegations contained in First Amended Accusation No. 800-2018-
27 051062 shall be deemed true, correct and fully admitted by Respondent for purposes of any such
28 proceeding or any other licensing proceeding involving Respondent in the State of California.

15. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

16. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 66589 issued to Respondent YOUNG T. TRAN, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to

1 Respondent's current or intended area of practice. The program shall take into account data
2 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
3 Accusation(s), and any other information that the Board or its designee deems relevant. The
4 program shall require Respondent's on-site participation for a minimum of three (3) and no more
5 than five (5) days as determined by the program for the assessment and clinical education
6 evaluation. Respondent shall pay all expenses associated with the clinical competence
7 assessment program.

8 At the end of the evaluation, the program will submit a report to the Board or its designee
9 which unequivocally states whether the Respondent has demonstrated the ability to practice
10 safely and independently. Based on Respondent's performance on the clinical competence
11 assessment, the program will advise the Board or its designee of its recommendation(s) for the
12 scope and length of any additional educational or clinical training, evaluation or treatment for any
13 medical condition or psychological condition, or anything else affecting Respondent's practice of
14 medicine. Respondent shall comply with the program's recommendations.

15 Determination as to whether Respondent successfully completed the clinical competence
16 assessment program is solely within the program's jurisdiction.

17 If Respondent fails to enroll, participate in, or successfully complete the clinical
18 competence assessment program within the designated time period, Respondent shall receive a
19 notification from the Board or its designee to cease the practice of medicine within three (3)
20 calendar days after being so notified. The Respondent shall not resume the practice of medicine
21 until enrollment or participation in the outstanding portions of the clinical competence assessment
22 program have been completed. If the Respondent did not successfully complete the clinical
23 competence assessment program, the Respondent shall not resume the practice of medicine until a
24 final decision has been rendered on the accusation and/or a petition to revoke probation. The
25 cessation of practice shall not apply to the reduction of the probationary time period.

26 3. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
27 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
28 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose

1 licenses are valid and in good standing, and who are preferably American Board of Medical
2 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
3 relationship with Respondent, or other relationship that could reasonably be expected to
4 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
5 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
6 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

7 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
8 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
9 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
10 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
11 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
12 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
13 signed statement for approval by the Board or its designee.

14 Within 60 calendar days of the effective date of this Decision, and continuing throughout
15 probation, Respondent's practice monitor shall be monitored by the approved monitor.
16 Respondent shall make all records available for immediate inspection and copying on the
17 premises by the monitor at all times during business hours and shall retain the records for the
18 entire term of probation.

19 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
20 date of this Decision, Respondent shall receive a notification from the Board or its designee to
21 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
22 shall cease the practice of medicine until a monitor is approved to provide monitoring
23 responsibility.

24 The monitor(s) shall submit a quarterly written report to the Board or its designee which
25 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
26 are within the standards of practice of medicine and whether Respondent is practicing medicine
27 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
28 that the monitor submits the quarterly written reports to the Board or its designee within 10

1 calendar days after the end of the preceding quarter.

2 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
3 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
4 name and qualifications of a replacement monitor who will be assuming that responsibility within
5 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
6 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
7 notification from the Board or its designee to cease the practice of medicine within three (3)
8 calendar days after being so notified. Respondent shall cease the practice of medicine until a
9 replacement monitor is approved and assumes monitoring responsibility.

10 In lieu of a monitor, Respondent may participate in a professional enhancement program
11 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
12 review, semi-annual practice assessment, and semi-annual review of professional growth and
13 education. Respondent shall participate in the professional enhancement program at
14 Respondent's expense during the term of probation.

15 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
16 Respondent shall provide a true copy of this Decision and First Amended Accusation to the Chief
17 of Staff or the Chief Executive Officer at every hospital where privileges or membership are
18 extended to Respondent, at any other facility where Respondent engages in the practice of
19 medicine, including all physician and locum tenens registries or other similar agencies, and to the
20 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage
21 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within
22 15 calendar days.

23 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

24 5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
25 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
26 advanced practice nurses.

27 6. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
28 governing the practice of medicine in California and remain in full compliance with any court

1 ordered criminal probation, payments, and other orders.

2 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
3 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
4 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
5 enforcement, as applicable, in the amount of \$11,352.50 (eleven thousand three hundred fifty-two
6 dollars and fifty cents). Costs shall be payable to the Medical Board of California. Failure to pay
7 such costs shall be considered a violation of probation.

8 Payment must be made in full within 30 calendar days of the effective date of the Order, or
9 by a payment plan approved by the Medical Board of California. Any and all requests for a
10 payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with
11 the payment plan shall be considered a violation of probation.

12 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
13 to repay investigation and enforcement costs.

14 8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
15 under penalty of perjury on forms provided by the Board, stating whether there has been
16 compliance with all the conditions of probation.

17 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
18 of the preceding quarter.

19 9. GENERAL PROBATION REQUIREMENTS.

20 Compliance with Probation Unit

21 Respondent shall comply with the Board's probation unit.

22 Address Changes

23 Respondent shall, at all times, keep the Board informed of Respondent's business and
24 residence addresses, email address (if available), and telephone number. Changes of such
25 addresses shall be immediately communicated in writing to the Board or its designee. Under no
26 circumstances shall a post office box serve as an address of record, except as allowed by Business
27 and Professions Code section 2021, subdivision (b).

28 Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be

1 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
2 period of non-practice.

3 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
4 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
5 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
6 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
7 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

8 Respondent's period of non-practice while on probation shall not exceed two (2) years.

9 Periods of non-practice will not apply to the reduction of the probationary term.

10 Periods of non-practice for a Respondent residing outside of California will relieve
11 Respondent of the responsibility to comply with the probationary terms and conditions with the
12 exception of this condition and the following terms and conditions of probation: Obey All Laws;
13 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
14 Controlled Substances; and Biological Fluid Testing..

15 12. COMPLETION OF PROBATION. Respondent shall comply with all financial
16 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
17 completion of probation. This term does not include cost recovery, which is due within 30
18 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
19 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
20 shall be fully restored.

21 13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
22 of probation is a violation of probation. If Respondent violates probation in any respect, the
23 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
24 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
25 Probation, or an Interim Suspension Order is filed against Respondent during probation, the
26 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall
27 be extended until the matter is final.

28 14. LICENSE SURRENDER. Following the effective date of this Decision, if

Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in First Amended Accusation No. 800-2018-051062 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorneys, Kent Brandmeyer and Jeannette Van Horst, Esqs. I understand
4 the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into
5 this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and
6 agree to be bound by the Decision and Order of the Medical Board of California.

7
8 DATED: 10/27/22


9 YOUNG T. TRAN, M.D.
Respondent

10 We have read and fully discussed with Respondent Young T. Tran, M.D. the terms and
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
12 I approve its form and content.

13
14 DATED: October 27, 2022


15 KENT BRANDMEYER, ESQ.
Attorney for Respondent

16
17 DATED: October 27, 2022


18 JEANNETTE VAN HORST, ESQ.
Attorney for Respondent

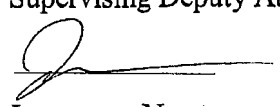
19 ENDORSEMENT

20 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
21 submitted for consideration by the Medical Board of California.

22 DATED: 10/27/2022

Respectfully submitted,

23 ROB BONTA
24 Attorney General of California
25 EDWARD KIM
Supervising Deputy Attorney General


26 JONATHAN NGUYEN
27 Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2018-051062

1 ROB BONTA
Attorney General of California
2 EDWARD KIM
Supervising Deputy Attorney General
3 JONATHAN NGUYEN
Deputy Attorney General
4 State Bar No. 263420
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7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the First Amended Accusation
Against:

Case No. 800-2018-051062

12 **YOUNG T. TRAN, M.D.**
13 **11281 Loch Lomond Road**
Los Alamitos, CA 90720-2911

FIRST AMENDED ACCUSATION

14 **Physician's and Surgeon's Certificate**
15 **No. A 66589,**

16 Respondent.

17
18 **PARTIES**

19 1. William Prasifka (Complainant) brings this First Amended Accusation solely in his
20 official capacity as the Executive Director of the Medical Board of California (Board).

21 2. On September 25, 1998, the Board issued Physician's and Surgeon's Certificate
22 Number A 66589 to Young T. Tran, M.D. (Respondent). That license was in full force and effect
23 at all times relevant to the charges brought herein and will expire on February 28, 2024, unless
24 renewed.

25 **JURISDICTION**

26 3. This First Amended Accusation is brought before the Board, under the authority of
27 the following laws. All section references are to the Business and Professions Code (Code)
28 unless otherwise indicated.

1 4. Section 2004 of the Code states:

2 The board shall have the responsibility for the following:

3 (a) The enforcement of the disciplinary and criminal provisions of the Medical
4 Practice Act.

5 (b) The administration and hearing of disciplinary actions.

6 (c) Carrying out disciplinary actions appropriate to findings made by a panel or
an administrative law judge.

7 (d) Suspending, revoking, or otherwise limiting certificates after the conclusion
8 of disciplinary actions.

9 (e) Reviewing the quality of medical practice carried out by physician and
surgeon certificate holders under the jurisdiction of the board.

10 (f) Approving undergraduate and graduate medical education programs.

11 (g) Approving clinical clerkship and special programs and hospitals for the
12 programs in subdivision (f).

13 (h) Issuing licenses and certificates under the board's jurisdiction.

14 (i) Administering the board's continuing medical education program.

15 5. Section 2220 of the Code states:

16 Except as otherwise provided by law, the board may take action against all
17 persons guilty of violating this chapter. The board shall enforce and administer this
18 article as to physician and surgeon certificate holders, including those who hold
19 certificates that do not permit them to practice medicine, such as, but not limited to,
retired, inactive, or disabled status certificate holders, and the board shall have all the
powers granted in this chapter for these purposes including, but not limited to:

20 (a) Investigating complaints from the public, from other licensees, from health
21 care facilities, or from the board that a physician and surgeon may be guilty of
22 unprofessional conduct. The board shall investigate the circumstances underlying a
23 report received pursuant to Section 805 or 805.01 within 30 days to determine if an
interim suspension order or temporary restraining order should be issued. The board
shall otherwise provide timely disposition of the reports received pursuant to Section
805 and Section 805.01.

24 (b) Investigating the circumstances of practice of any physician and surgeon
25 where there have been any judgments, settlements, or arbitration awards requiring the
26 physician and surgeon or his or her professional liability insurer to pay an amount in
damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with
respect to any claim that injury or damage was proximately caused by the physician's
and surgeon's error, negligence, or omission.

27 (c) Investigating the nature and causes of injuries from cases which shall be
28 reported of a high number of judgments, settlements, or arbitration awards against a
physician and surgeon.

1 6. Section 2227 of the Code provides that a licensee who is found guilty under the
2 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
3 one year, placed on probation and required to pay the costs of probation monitoring, or such other
4 action taken in relation to discipline as the Board deems proper.

5 7. Section 2234 of the Code, states:

6 The board shall take action against any licensee who is charged with
7 unprofessional conduct. In addition to other provisions of this article, unprofessional
8 conduct includes, but is not limited to, the following:

9 (a) Violating or attempting to violate, directly or indirectly, assisting in or
10 abetting the violation of, or conspiring to violate any provision of this chapter.

11 (b) Gross negligence.

12 (c) Repeated negligent acts. To be repeated, there must be two or more
13 negligent acts or omissions. An initial negligent act or omission followed by a
14 separate and distinct departure from the applicable standard of care shall constitute
15 repeated negligent acts.

16 (1) An initial negligent diagnosis followed by an act or omission medically
17 appropriate for that negligent diagnosis of the patient shall constitute a single
18 negligent act.

19 (2) When the standard of care requires a change in the diagnosis, act, or
20 omission that constitutes the negligent act described in paragraph (1), including, but
21 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
22 licensee's conduct departs from the applicable standard of care, each departure
23 constitutes a separate and distinct breach of the standard of care.

24 (d) Incompetence.

25 (e) The commission of any act involving dishonesty or corruption that is
26 substantially related to the qualifications, functions, or duties of a physician and
27 surgeon.

28 (f) Any action or conduct that would have warranted the denial of a certificate.

 (g) The failure by a certificate holder, in the absence of good cause, to attend
and participate in an interview by the board. This subdivision shall only apply to a
certificate holder who is the subject of an investigation by the board.

COST RECOVERY

8. Section 125.3 of the Code states:

 (a) Except as otherwise provided by law, in any order issued in resolution of a
disciplinary proceeding before any board within the department or before the
Osteopathic Medical Board, upon request of the entity bringing the proceeding, the

1 administrative law judge may direct a licensee found to have committed a violation or
2 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
3 investigation and enforcement of the case.

4 (b) In the case of a disciplined licensee that is a corporation or a partnership, the
5 order may be made against the licensed corporate entity or licensed partnership.

6 (c) A certified copy of the actual costs, or a good faith estimate of costs where
7 actual costs are not available, signed by the entity bringing the proceeding or its
8 designated representative shall be prima facie evidence of reasonable costs of
9 investigation and prosecution of the case. The costs shall include the amount of
10 investigative and enforcement costs up to the date of the hearing, including, but not
11 limited to, charges imposed by the Attorney General.

12 (d) The administrative law judge shall make a proposed finding of the amount
13 of reasonable costs of investigation and prosecution of the case when requested
14 pursuant to subdivision (a). The finding of the administrative law judge with regard
15 to costs shall not be reviewable by the board to increase the cost award. The board
16 may reduce or eliminate the cost award, or remand to the administrative law judge if
17 the proposed decision fails to make a finding on costs requested pursuant to
18 subdivision (a).

19 (e) If an order for recovery of costs is made and timely payment is not made as
20 directed in the board's decision, the board may enforce the order for repayment in any
21 appropriate court. This right of enforcement shall be in addition to any other rights
22 the board may have as to any licensee to pay costs.

23 (f) In any action for recovery of costs, proof of the board's decision shall be
24 conclusive proof of the validity of the order of payment and the terms for payment.

25 (g) (1) Except as provided in paragraph (2), the board shall not renew or
26 reinstate the license of any licensee who has failed to pay all of the costs ordered
27 under this section.

28 (2) Notwithstanding paragraph (1), the board may, in its discretion,
conditionally renew or reinstate for a maximum of one year the license of any
licensee who demonstrates financial hardship and who enters into a formal agreement
with the board to reimburse the board within that one-year period for the unpaid
costs.

(h) All costs recovered under this section shall be considered a reimbursement
for costs incurred and shall be deposited in the fund of the board recovering the costs
to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of
the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in
that board's licensing act provides for recovery of costs in an administrative
disciplinary proceeding.

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FACTUAL ALLEGATIONS

9. On or about June 16, 2016, Respondent evaluated Patient A¹, a 26-year-old woman diagnosed with symptomatic cholelithiasis², as an outpatient and scheduled her for a laparoscopic cholecystectomy at Garfield Medical Center.

10. On or about July 6, 2016, Respondent performed a laparoscopic cholecystectomy on Patient A. According to Respondent's operative report, after anesthesia was administered and Patient A's abdomen was prepped and draped, Respondent made a supraumbilical³ skin incision via the Hasson technique⁴ at approximately 6:05 p.m. The anesthesiologist alerted Respondent that Patient A was having some tachyarrhythmia⁵ and a rapid drop in end tidal carbon dioxide⁶, approximately two minutes after the surgical incision. Insufflation⁷ had not commenced, but post trocar⁸ insertion had been completed by Respondent. Patient A's blood pressure dropped immediately to 50/30 mm Hg.⁹ Respondent was asked to abort the surgical procedure. Patient A

¹ Patient's name has been anonymized for privacy purposes.

² Cholelithiasis is the presence of one or more gallstones in the gallbladder.

³ Supraumbilical refers to the area on the abdomen just above the belly button.

⁴ The Hasson technique consists of creating a small umbilical incision under direct visualization to enter the abdominal cavity followed by the introduction of a blunt trocar. Pneumoperitoneum is then rapidly created. Pneumoperitoneum is the presence of air or gas in the abdominal (peritoneal) cavity.

⁵ Tachyarrhythmia is a rapid heartbeat that may be regular or irregular, but is out of proportion to age and level of exertion or activity.

⁶ End-tidal carbon dioxide (ETCO2) is the level of carbon dioxide that is released at the end of an exhaled breath.

⁷ Insufflation is the act of blowing something such as gas, powder, or vapor into a body cavity.

⁸ A trocar (or trochar) is a medical device that is made up of an awl (which may be a metal or plastic sharpened or non-bladed tip), a cannula (essentially a hollow tube), and a seal. Trocars also allow the escape of gas or fluid from organs within the body.

⁹ Blood pressure is expressed as a measurement with two numbers. The number on top refers to the amount of pressure in your arteries during the contraction of your heart muscle. This is called systolic pressure. The bottom number refers to your blood pressure when your heart muscle is between beats. This is called diastolic pressure. Hypotension or low blood pressure is generally defined as 90/60 mm Hg or below.

1 subsequently had cardiac arrest¹⁰ and cardiopulmonary resuscitation or CPR was started on
2 Patient A. Patient A became asystolic¹¹ and subsequently died at approximately 7:23 p.m.

3 11. An autopsy of Patient A's body took place and the cause of death was determined to
4 be a traumatic injury to the aorta¹² and iliac artery.¹³ The autopsy results found that there was
5 hemoperitoneum¹⁴, a defect in the fascia,¹⁵ mesentery,¹⁶ and 5 mm laceration of the aorta and
6 common iliac artery origin, which came from a sharp injury from Hasson trocar entry performed
7 by Respondent. Patient A died from hemorrhagic shock¹⁷ due to iatrogenic vascular injury during
8 abdominal entry by Respondent caused by Respondent's improper surgical technique.

9 **FIRST CAUSE FOR DISCIPLINE**

10 **(Gross Negligence)**

11 12. Respondent is subject to disciplinary action under section 2234, subdivision (b), of
12 the Code in that he committed gross negligence in the care and treatment of Patient A. The
13 circumstances are as follows:

14 13. The allegations set forth in paragraphs 9 through 11 above are incorporated by

15 _____
16 ¹⁰ Cardiac arrest is defined as when the heart suddenly stops beating.

17 ¹¹ Asystolic means there is no electricity or movement in the heart.

18 ¹² The aorta is the main artery of the body and it supplies oxygenated blood to the
19 circulatory system. The aorta passes over the heart from the left ventricle and runs down in front
of the backbone.

20 ¹³ The iliac arteries carry blood to the lower extremities, including the legs, reproductive
21 organs and pelvic region. The human body has two iliac arteries: one on the right side of the body
(called the right common iliac artery) and one on the left (called the left common iliac artery).

22 ¹⁴ Hemoperitoneum, sometimes also called intra-abdominal hemorrhage or intraperitoneal
23 hemorrhage, is a type of internal bleeding in which blood gathers in your peritoneal cavity. This
is the space between your organs and the inner lining of your abdominal wall.

24 ¹⁵ Fascia is a thin casing of connective tissue that surrounds and holds every organ, blood
25 vessel, bone, nerve fiber and muscle in place. The tissue does more than provide internal
structure; fascia has nerves that make it almost as sensitive as skin.

26 ¹⁶ The mesentery is a fold of membrane that attaches the intestine to the abdominal wall
and holds it in place.

27 ¹⁷ Hemorrhagic shock is a condition of reduced tissue perfusion, resulting in the
28 inadequate delivery of oxygen and nutrients that are necessary for cellular function. Whenever
cellular oxygen demand outweighs supply, both the cell and the organism are in a state of shock.

1 reference herein as if fully set forth.

2 14. On or about July 6, 2016, and thereafter, Respondent committed gross negligence in
3 his care and treatment of Patient A when he used an improper surgical technique which caused an
4 iatrogenic vascular injury to Patient A during surgical entry into Patient A's abdomen and/or
5 failed to adequately recognize and/or treat the iatrogenic vascular injury for over 77 minutes
6 while Patient A's blood pressure dropped dramatically and Patient A went into cardiac arrest.

7 15. Respondent's acts and/or omissions as set forth in this First Cause for Discipline,
8 whether proven individually, jointly, or in any combination thereof, constitutes gross negligence,
9 pursuant to Section 2234, subdivision (b), of the Code.

10 **SECOND CAUSE FOR DISCIPLINE**

11 **(Repeated Acts of Negligence)**

12 16. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
13 the Code in that he committed repeated negligent acts in his care and treatment of Patient A. The
14 circumstances are as follows:

15 17. The allegations set forth in the First Cause for Discipline above are incorporated by
16 reference herein as if fully set forth.

17 18. On or about July 6, 2016, and thereafter, Respondent committed negligence in his
18 care and treatment of Patient A when he used an improper surgical technique which caused an
19 iatrogenic vascular injury when he entered Patient A's abdomen via surgical incision using the
20 Hasson technique. The iatrogenic vascular injury is a rare, but known complication of the Hasson
21 entry technique and is indicative of improper surgical technique.

22 19. Respondent's acts and/or omissions as set forth in the First Cause for Discipline and
23 this Second Cause for Discipline, whether proven individually, jointly, or in any combination
24 thereof, constitutes repeated negligent acts, pursuant to Section 2234, subdivision (c), of the
25 Code.

26 **THIRD CAUSE FOR DISCIPLINE**

27 **(Unprofessional Conduct)**

28 20. Respondent is subject to disciplinary action under section 2234 of the Code in that his

1 acts and/or omissions in connection with his care of Patient A represent unprofessional conduct,
2 generally. The circumstances are as follows:

3 21. The allegations of the First and Second Causes for Discipline, inclusive, are
4 incorporated herein by reference as if fully set forth.

5 **PRAYER**

6 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
7 and that following the hearing, the Medical Board of California issue a decision:

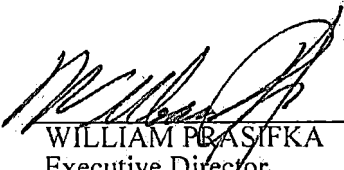
8 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 66589,
9 issued to Respondent Young T. Tran, M.D.;

10 2. Revoking, suspending or denying approval of Respondent Young T. Tran, M.D.'s
11 authority to supervise physician assistants and advanced practice nurses;

12 3. If placed on probation, ordering Respondent Young T. Tran, M.D., to pay the Board
13 the costs of the investigation and enforcement of this case, and if placed on probation, the costs of
14 probation monitoring; and

15 4. Taking such other and further action as deemed necessary and proper.

16
17 DATED: JUL 27 2022

18 
19 WILLIAM PRASIFKA
20 Executive Director
21 Medical Board of California
22 Department of Consumer Affairs
23 State of California
24 Complainant

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